

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS4304AGC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/03/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>GOLDEN ACRES 2</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>6215 EAST OWENS AVE LAS VEGAS, NV 89110</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments  Surveyor: 28381  The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.  This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 12/03/2009. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.  The facility is licensed for eight Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was six. Six resident files were reviewed and four employee files were reviewed.  The facility received a grade of C.  The following deficiencies were identified:	Y 000		
Y 101 SS=C	449.200(1)(b) Personnel File - date of hire  NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (b) The date on which the employee began his employment at the residential facility.	Y 101		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 101	Continued From page 1  This Regulation is not met as evidenced by: Surveyor: 28381 Based on record review on 12/03/2009, there was no hire date for 3 of 4 employees (Employee #1, #3 and #4).  Severity: 1 Scope: 3	Y 101			
Y 103 SS=F	449.200(1)(d) Personnel File - NAC 441A / Tuberculosis  NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee.  This Regulation is not met as evidenced by: Surveyor: 28381 Based on record review on 12/03/2009, the facility failed to ensure 1 of 4 employees complied with NAC 441A.375 regarding tuberculosis (TB) testing and the pre-employment physical for the protection of all residents (Employee #4 ).  Findings include:  Employee #4 had no evidence of a pre-employment physical examination, and no evidence of a second step TB test.  Severity: 2 Scope: 3	Y 103			

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Y 105 SS=F	<p>449.200(1)(f) Personnel File - Background Check</p> <p>NAC 449.200</p> <p>1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include:</p> <p>(f) Evidence of compliance with NRS 449.176 to 449.185, inclusive.</p> <p>This Regulation is not met as evidenced by: Surveyor: 28381 Based on record review on 12/03/2009, the facility failed to ensure 3 of 4 caregivers met background check requirements (Employee #2, #3 and #4).</p> <p>Findings include:</p> <p>There was no criminal history statement in the files of Employees #2, #3, and #4.</p> <p>There was no State or FBI clearance statements in the file of Employee #4.</p> <p>Severity: 2 Scope: 3</p>	Y 105		
Y 876 SS=A	<p>449.2742(4) Medication Administration NRS 449.037</p> <p>NAC 449.2742</p> <p>4. Except as otherwise provided in this subsection, a caregiver shall assist in the administration of medication to a resident if the resident needs the caregiver's assistance. A caregiver may assist the ultimate user of controlled substances or dangerous drugs only if the conditions prescribed in subsection 6 of NRS</p>	Y 876		

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Y 876	Continued From page 3  449.037 are met.  This Regulation is not met as evidenced by: Surveyor: 28381 Based on record review on 12/3/2009, the facility failed to ensure that an ultimate user agreement was obtained for 1 of 6 residents. (Resident #4)  This was a repeat deficiency from the 11/14/2008 State Licensure survey.  Severity: 1 Scope: 1	Y 876		
Y 895 SS=A	449.2744(1)(b)(1) Medication / MAR  NAC 449.2744 1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain: (b) A record of the medication administered to each resident. The record must include: (1) The type of medication administered; (2) The date and time that the medication was administered; (3) The date and time that a resident refuses, or otherwise misses, an administration of medication; and (4) Instructions for administering the medication to the resident that reflect the current order or prescription of the resident's physician.	Y 895		

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Y 895	Continued From page 4  This Regulation is not met as evidenced by: Surveyor: 28381 Based on record review on 12/03/2009, the facility failed to ensure the medication administration record (MAR) was accurate for 1 of 6 residents (Resident #2).  Severity: 1 Scope: 1	Y 895			
Y 908 SS=B	449.2746(2)(a)-(f) PRN Medication Record  NAC 449.2746 2. A caregiver who administers medication to a resident as needed shall record the following information concerning the administration of the medication: (a) The reason for the administration. (b) The date and time of the administration; (c) The dose administered; (d) The results of the administration of the medication; (e) The initials of the caregiver; and (f) Instructions for administering the medication to the resident that reflect each current order or prescription of the resident ' s physician.  This Regulation is not met as evidenced by: Surveyor: 28381 Based on record review on 12/03/2009, the facility did not ensure the medication record was complete for 2 of 6 residents receiving as needed	Y 908			

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Y 908	Continued From page 5  (PRN) medications (Resident #2 and #6).  Findings include:  PRN log not filled out for Resident #2 for Hydrocodone given on 12/01/2009 and 12/02/2009.  PRN log not filled out for Resident #6 for Lorazepam given on 12/01/2009 and 12/02/2009.  Severity: 1 Scope: 2	Y 908		
Y 936 SS=F	449.2749(1)(e) Resident file-NRS 441A Tuberculosis  NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto.  This Regulation is not met as evidenced by: Surveyor: 28381 Based on record review on 12/03/2009, the facility failed to ensure 1 of 6 residents complied with NAC 441A.380 regarding tuberculosis testing (Resident #1) which affected all residents.	Y 936		

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Y 936	Continued From page 6  Findings include:  Resident #1 needs a two-step TB test.  This was a repeat deficiency from the 11/14/2008 State Licensure survey.  Severity: 2 Scope: 3	Y 936			

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